

## Critical Care Specialty Protocol for Nurse Practitioners

**Practice Settings:** Hospitals, Critical/Intensive Care, Emergency Department and Cardiovascular Surgery.

**Population Foci:** Adult Acute Care, Pediatric Acute Care, Adult Care, Family, Adult Gerontology Acute Care, and Pediatric. *[Requests for Critical Care Specialty Protocol are limited to the listed CRNP certifications.]*

1. The CRNP must submit an online application to the Alabama Board of Nursing (ABN) to request the Critical Care Specialty Protocol:
  - a. [Modify an Existing Application](#) OR
  - b. [Add New Collaboration](#)
2. Submit [Application for Privilege to Perform Skill or Procedure in Collaborative Practice](#) to ABN for each skill you wish to perform. *[Physician must submit Critical Care Skills Request to the Alabama Board of Medical Examiners (ABME)].*
3. The submitted applications and skill request are reviewed by the ABN, Joint Committee for Advanced Practice Nursing, and ABME. **After authorization** the CRNP may perform supervised procedures and accumulate documentation to complete the initial approval process. *[The CRNP may check [My Profile](#) for Status of Protocol (authorization)].*
4. Documentation of supervised practice for additional procedures shall be submitted to the ABN and ABME for review. [Supervised Practice Documentation Form](#)

### **SUPERVISED PRACTICE MUST BE SUBMITTED WITHIN 2 YEARS OF APPROVAL TO TRAIN OR APPROVAL TO TRAIN WILL LAPSE!**

5. Fifty percent (50%) of the Central Venous Line (CVL): Internal Jugular (IJ) and Femoral, and Arterial Line: Femoral, procedures may be performed in the simulation lab as noted in the table below.
6. CVL, Remove and Replace over Guide Wire **may not** be requested alone. It may be requested for practitioners simultaneously training for CVL: IJ and Femoral, or who have previously been approved for CVL: IJ and Femoral.
7. The CRNP and collaborating physician must maintain documentation of procedures performed annually and provide the documentation upon the request of either Board.
8. As with all aspects of nursing practice, the CRNP who lacks current proficiency is responsible and accountable for obtaining sufficient guidance, education or supervision as necessary for safe practice prior to independently performing a procedure authorized by the Specialty Protocol.

### Requirements for Critical Care Skills

Skill	Number required for Initial Certification	# allowed in Simulation Lab (50% of initial)	Annual Maintenance Requirement
Central Venous Line: Internal Jugular	10	5	5
Central Venous Line: Femoral	10	5	5
Central Venous Line: Subclavian (Physician must be present)	50	N/A	25
Central Venous Line, Remove and Replace Over Guide Wire ( <i>Only for NPs who are previously approved or are requesting CVL placement, IJ and Femoral</i> )	5	N/A	5
Arterial Line Insertion: Femoral	10	5	5
Intra-Aortic Balloon Insertion	20	N/A	10
Radial Artery Harvest ( <b>Cardiac Surgery Only</b> )	20	N/A	10
Sternal Closure ( <b>Cardiac Surgery Only</b> )	50	N/A	25
Primary Sternotomy ( <b>Cardiac Surgery Only</b> )	50	N/A	25
Primary Thoracotomy ( <b>Cardiac Surgery Only</b> )	50	N/A	25
Thoracostomy tube insertion ( <b>Intra-operative only</b> )	30	N/A	15
Removal of Pacing Wires	30	N/A	15
Removal of Left Atrial Catheter	30	N/A	15
Removal of Mediastinal Chest Tubes	15	N/A	8
Removal of Pulmonary Artery Catheter (Swan-Ganz catheter)	30	N/A	15
Removal of Intra-Aortic Balloon Pump	10	NA	5

#### **Standard for Approval of Central Venous Lines:**

Adult central venous access obtained through a percutaneous method by way of the internal jugular vein or femoral vein. The Seldinger method is recommended, which refers to the use of a guidewire placed into a vessel to provide a conduit for intravascular catheter placement. A non-cuffed catheter no larger than 9 French may be used. Tunneled catheters are not approved.